

SARATOGA COUNTY SEWER DISTRICT #1
REQUEST TO RESERVE CAPACITY (Revised 8/04)

Project Number: _____ Permit Number _____ Date: _____

Name of Project: _____

Project's Proponent: _____

Location of Project: _____

Tax map number of Projects Location: _____

Projected Design Flow: _____

Name of Entity that will own sewer system through completion of construction: _____

Address: _____

Town/City: _____

Phone: _____ Fax: _____

Description of Project: _____

Is Sewer System proposed to be dedicated to Saratoga County Sewer District #1

☐ Yes ☐ No

Name of Entity that will own Sewer System if not dedicated to SCSD #1

Name: _____

Address: _____

Town/City: _____

Phone: _____ Fax: _____

If a private sewage transportation corporation will own the Sewer System, is the project area to be serviced by the Sewer System entirely within the defined boundaries of the service and/or franchise area of the transportation corporation as stated in its Certificate of Incorporation and approved by the local municipality?

☐ Yes ☐ No

If the preceding answer is "No", what portion of the project area is outside the defined boundaries of the transportation corporation's service and/or franchise area?

Portion of project for which capacity is requested _____

Property owner name: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

Applicant: _____

Address: _____

Phone _____ Fax _____

E-mail _____

Developer Applicant: _____

Address: _____

Phone _____ Fax _____

E-mail _____

Design Engineer: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

Saratoga County Sewer District #1 requires the applicant for Capacity Reservation and the project's proponent to designate an agent to whom SCSD #1 shall direct all written, verbal, and electronic communications to the applicant and project's proponent regarding the proposed project or sewer connection. NOTE: By naming such designated agent, the applicant and the projects proponent agree to be bound by all decisions communicated by said designated agent to SCSD #1 regarding the proposed project.

Designated Agent: _____

Address _____

Phone _____ Fax _____

E-mail _____

NOTE: Any commitment by SCSD #1 to reserve capacity in the District's system for the project's flows shall expire two (2) years from the date of SCSD #1's letter of commitment to NYSDEC.

Applicant's Signature _____

Applicant's Name _____ Date: _____
(please print)

Address: _____

Phone _____ Fax _____

E-mail _____